

## Statement of Deficiencies

### 1711-A-B-D-G: Child to Staff Ratio

Not Met

1711-A-B-D-G:

- A. Child to staff ratios are established to ensure the safety of all children.
- B. Minimum child to staff ratios shall be met at all times.
  - 1. There shall be a minimum of two staff members present at an early learning center when more than one child is present.
  - 2. Only those staff members directly providing care, supervision or guidance to children shall be counted in the child to staff ratios.
- D. Minimum Child to Staff Ratios for Type II and Type III centers:

Ages of Children		Ratio
Infants under 1 year		5:1
1 year	7:1	
2 years		11:1
3 years	13:1	
4 years		15:1
5 years		19:1
6 years and up		23:1

- G. Mixed Age Groups - Minimum Child to Staff Ratios
  - 1. An average of the child to staff ratios may be applied to mixed age groups of children ages 2, 3, 4 and 5
  - 2. Child to staff ratios for children under age two are excluded from averaging.
  - 3. When a mixed age group includes children younger than age two, the age of the youngest child determines the child to staff ratio for the group.
  - 4. An average may be applied to a mixed age group consisting only of children ages 5 and older.

#### Finding:

1711-A-B-D-G Based on observations: The Provider failed to meet the required child to staff ratio for children of the following ages: (6) infants, (1) 1 year old, and (1) special needs 5 year old with 1 staff (S3). S3 states that the 5 year old and the 1 year old was only in her room waiting for diaper changes. S3 states that C1's assigned teacher is S4 and the 1 year old's assigned teacher is S10. The required ratio for children of this age is 5 children per 1 staff person. Ratio was correction around 3:01 pm when one infant went home and the 5 and 1 year old children were taken to their assigned teacher.

### 1711-M: Special Needs Children - Minimum Child to Staff Ratio

Not Met

1711-M: Special Needs Children - Minimum Child to Staff Ratios. When the nature of a child with special health care needs or the number of children with special health care needs warrants added care, the center shall add sufficient staff as necessary.

#### Finding:

1711-M Based on observations/interviews: The provider failed to have an additional staff for a C1, who has special needs/disabilities. S1 states that C1 was placed in a high chair for snacks and meals because if he is seated at a regular table he will not stay seated and he will knock his food off the table. S1 could only provide documentation of a seizure disorder.

### 1723-A.&B.: CPR Certification

Not Met

1723-A.&B.: A - Infant and child CPR - Fifty percent of staff members on the premises of a center and accessible to children, or at least four staff on the premises and accessible to children, whichever is less, shall have current certification in infant and child CPR.

B - Adult CPR - Fifty percent of staff members on the premises of a center and accessible to children, or at least four staff on the premises and accessible to children, whichever is less, shall have current certification in adult CPR.

#### Finding:

1723-A&B Based on record review: The Provider did not have documentation that at least fifty percent (50%) of all staff on the premises and accessible to the children or at least four staff on the premises and accessible to children, whichever is less, have current certification in infant and child CPR. As at 2:30 pm when specialist arrived 2 of 5 staff had documentation of this certification. The Provider did not have documentation that at least fifty percent (50%) of all staff on the premises and accessible to the children or at least four staff on the premises and accessible to children, whichever is less, have current certification in adult CPR. 2 of 5 staff had documentation of this certification. S1 returned to the center at around 2:40 pm. S1 was not present when specialist arrived. S1 states that she had just left and documented departure for 2:35 pm.

## Statement of Deficiencies

### 1723-C.-D.: Pediatric First Aid

Not Met

1723-C.-D.:

C. Pediatric First Aid - Fifty percent of staff members on the premises of a center and accessible to children, or at least four staff on the premises and accessible to children, whichever is less, shall have current certification in Pediatric First Aid.

D. Certification - A copy of the certification for each such staff member shall be on-site at all times and available for inspection by the Licensing Division.

#### Finding:

1723-C.-D. Based on record review: The Provider did not have documentation that at least fifty percent (50%) of all staff on the premises and accessible to the children or at least four staff on the premises and accessible to children, whichever is less, have current certification in Pediatric First Aid. As at 2:30 pm when specialist arrived 2 of 5 staff had documentation of this certification. S1 returned to the center at around 2:40 pm. S1 was not present when specialist arrived. S1 states that she had just left and documented departure for 2:35 pm.

### 1903-E.6: Outdoor - Crawlspace

Not Met

1903-E.6: Crawlspace and mechanical, electrical, or other hazardous equipment shall be made inaccessible to children.

#### Finding:

1903-E.6 Based on observations: Provider did not make electrical equipment inaccessible to children as the gate around the AC unit has become detached. This unit is located on the back side of the center.

### 1907-A.1-2: High Chairs

Not Met

1907-A.1-2:

1. The high chair manufacturer's restraint device shall be used when children are sitting in a high chair.

2. Children who are either too small or too large to be restrained using the manufacturer's restraint device shall not be placed in a high chair.

#### Finding:

1907-A.1-2 Based on observations: A Child who are either too small or too large to be restrained using the manufacturer's restraint device was placed in a high chair. Specialist observed C1 in a high chair located in the classroom of S3. S3 stated that C1 was in the chair waiting on snack and diaper change. Specialist did observe C1 eating snack in the chair. S1 states that C1 was placed in a high chair for snacks and meals because if he is seated at a regular table he will not stay seated and he will knock his food off the table. S1 could only provide documentation of a seizure disorder. Based on the conversation S1 had with O4 on 03/29/16, O4 states that C1 is about 45 pounds. Based on the manufacturer's recommendations the maximum weight limit for the chair is 40 pounds.

### 1907-B.1-4: Eating Practices

Not Met

1907-B.1-4:

1. Developmentally appropriate seating shall be used.

2. Chairs and tables of suitable size shall be available for each child.

3. Feeding tables may be used at mealtimes, if children's feet are able to rest comfortably on a foot rest.

4. Feeding tables may also be used for occasional program activities that require a table surface for no longer than 30 minutes in one day in addition to mealtime minutes.

#### Finding:

1907-B.1-4 Based on observations: The provider failed to a foot rest for children placed in 3 high chairs. S1 states that the high chairs did not come with foot rest. S1 states that the high chairs were already in the center when she purchased it.

## **Statement of Deficiencies**

### **1917-A: Medication Authorization**

**Not Met**

1917-A: Written Authorization. No medication or special medical procedure shall be administered to a child unless authorized in writing by the parent. Such authorization shall include:

1. name of child;
2. drug name and strength;
3. date(s) to be administered;
4. directions for use, including the route (oral, topical), dosage, frequency, time and schedule and special instructions, if any. It is not acceptable to note "as indicated on bottle"; and
5. signature of parent and date of signature.

### **Finding:**

1917-A Based on interview(s): C2 was observed sleeping on a cot with a bean bag chair laying on his back. S1 states that C1 and C2 sleep with the bean bags if they are on cots because they both have seizure disorders and she doesn't want them to fall off the cot onto the floor. S1 states that occasionally C1 will be placed on a flat mat and that when he does he does not require the bean bag. S1 could not provide a authorization for the use of bean bags as a part of C1 or C2's treatment plan. S1 states that the instructions were given by O4.

---